

Medical FFAG - 2006  
*Accelerators and Gantries etc.*

Jay Flanz, MGH

5/19/06

Rapporteur

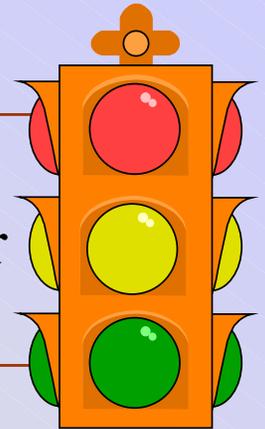
# *FFAG Medical Session:*

- *Clinical and Beam Requirements for Medical Accelerators - Flanz*
- *Industrial Perspectives on Medical FFAGs - Jongen*
- *Report on Activities in Japan on Medical FFAGs - Mori*
- *Designs of Medical Non-Scaling FFAG and Gantries - Trbojevic*
- *Report on Activities on Medical FFAGs in France and Comparison to other Accelerators - Meot*

# Medical FFAG

- What is needed (and by whom?)
- Proton
- Heavier Ions
- BNCT
- “Novel” Ideas ?
- Is there a compelling reason to continue?

Are we ready to build an FFAG medical accelerator for clinical use?



*“I need a better accelerator/gantry, can you please give me one? ”*

*“I have an accelerator/gantry can you use it for medicine?”*



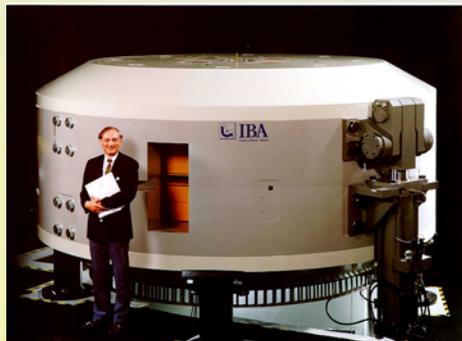
# *Upcoming Particle Therapy Technology Challenges:*

- IMPT
- Time to treat patients
- Tumour Tracking
- Heavy Ion machines of smaller size
- Cost \$

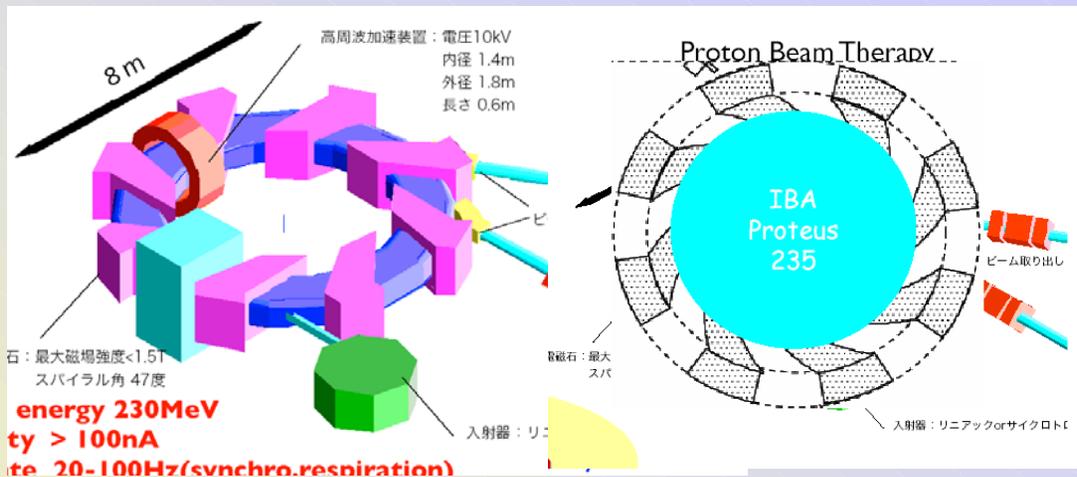
*What's wrong with existing ones? - Depends on which one you consider. SIZE, COST, BEAM CONTROL,...*

# Proton Options

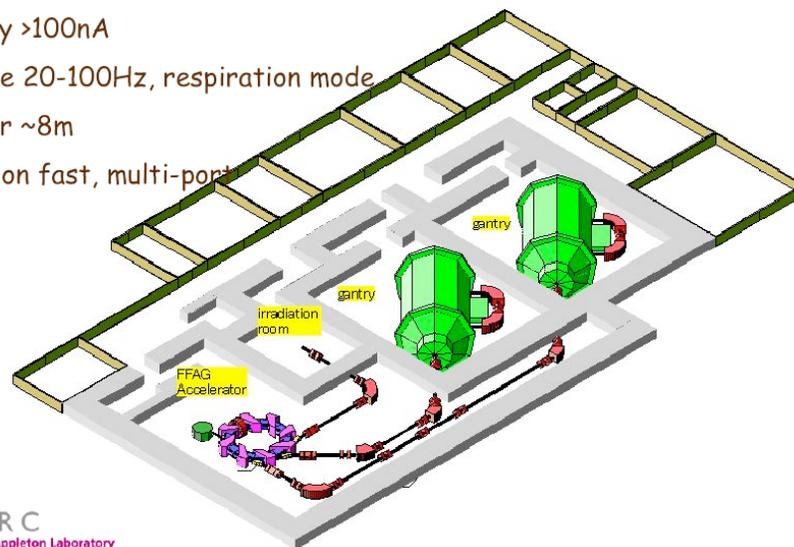
Proven Solutions, New Options



4 m Diam



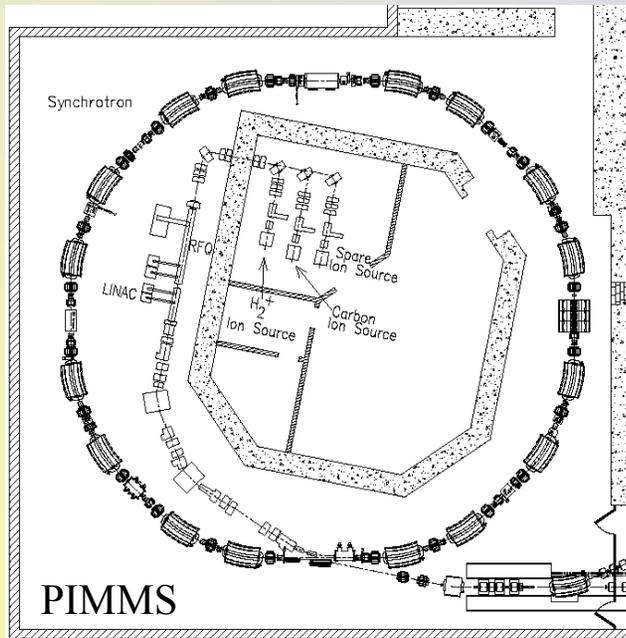
Proton energy 230MeV  
 Intensity >100nA  
 Rep. Rate 20-100Hz, respiration mode  
 Diameter ~8m  
 Extraction fast, multi-port



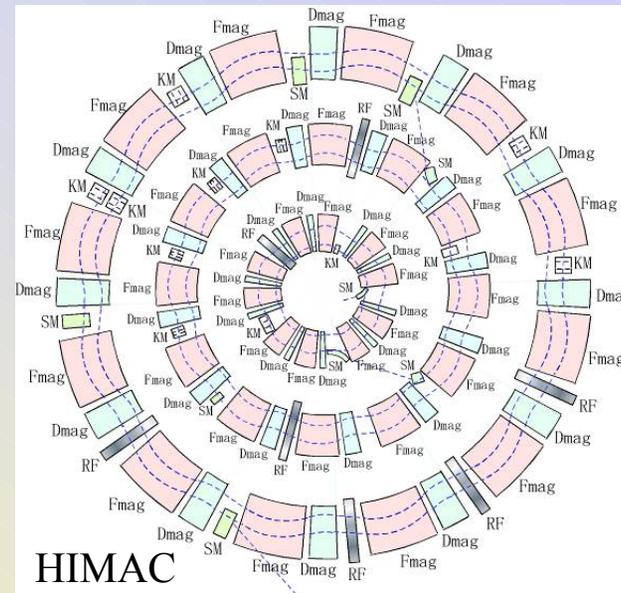
CCLRC  
 Rutherford Appleton Laboratory

# Heavier Ion Options

All NEW Options



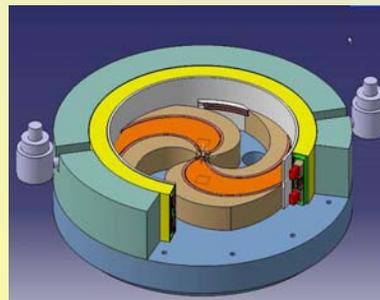
25 m Diam



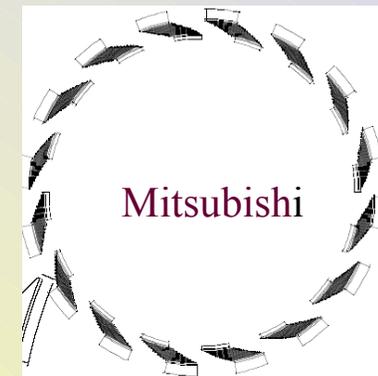
20.5m Diam

Scaling/ Non-Scaling

Frequency ...



6.3m Diam



15m Diam

*Flanz FFAG 2006*

# *Many Challenges already “overcome”:*

- Lattice Solutions
- Harmonic Jumping
- Computational Tools
- Injection and Extraction
- Some Magnet Designs
- Rapid Cycling Solutions
- Beam Current Requirements
- Advantage of Non-Scaling FFAG (Lightweight/smaller)



# Advantages of FFAG in PT according to Y. Mori

Another Opinion = ~~disagree~~

	<b>Synchrotron</b>	<b>Cyclotron</b>	<b>FFAG</b>
➤ <b>Intensity (&gt;100nA)</b>	<del>Low</del> 1-16nA	Plenty	Plenty >100nA
➤ <b>Maintenance</b>	Normal	<del>Hard</del>	Normal
➤ <b>Extraction eff (&gt;90%)</b>	Good	<del>Poor</del> <70%	Good >95%
➤ <b>Operation</b>	<del>Not easy</del>	Easy	Easy
➤ <b>Ions</b>	Yes	<del>No</del>	Yes
➤ <b>Variable energy</b>	Yes	No	Yes
➤ <b>Multi-extraction</b>	Difficult	No	Yes
<b>CW Operation</b>		Yes	
<b>Injector/PreAccelerator</b>	Yes	No	Yes

# F. Meot's Table

 Not Good    
  Good    
  Maybe  
 Jay's Subjective Rating

## Comments on the acceleration methods, proton

		SCS	RCS	cyclo	FFAG S	NS
					Spiral AG	
Injection		multiturn	single bunch	CW	single bunch	
Extraction		slow spill 1 - 10 s 	fast $\mu$ s scale 	CW 	fast $\mu$ s scale 	
machine size	$\phi$ (m)	>8 	large $R/\rho$ 	<5 	<8 ? 	large $R/\rho$ 
multiport		 difficult		no	possible	
doable dose	Gy.l/min	2  space ch. limit	>5 	>5 	>5 	
rep. rate	(Hz)	< 1 	up to 30	CW 	potential for kHz limit is RF	
variable E		 pulse to pulse		ED+ESS 	range shifter (fast) variable K (slow) future ? (p 2 p ?)	
within time scale	Hz	< 1 Hz	30	< 10		
beam shape	$\epsilon_z/\epsilon_x$	>10  		round kHz 		
Current Modulation						

FFAG 2006, BNL/Port Jefferson, 18 May

# Partial Summary of Parameters - What is needed what is being considered?

			PROTONS				IONS				
			Jongen	Mori	Meot	Dejan	Jongen	Meot Jongen PIMMS 2-27 cm	Mitsubishi	HIMAC	Dejan
		Flanz et. al.									
Range	Energy	4cm - 33cm									
	dE/E		70-230	230 MeV	7-230 MeV		100-400 MeV	80-400 MeV/n 50-200MeV P	4-400 MeV	100-400 MeV/n	
	Stability										
Dose Delivery	Accel Current	2-10Gy/min			> 5 Gy/min						
	Nozzle Current				89 nA						
	Dynamic Range	50:1	0.2-10nA				0.01-0.5nA				
	Modulation Speed	<1 sigma	~ kHz								
Time Structure	Rep Rate	Scanning									
	Beam Pulse				20-100Hz				0.5 Hz	200 Hz	
Beam	Size (FWHM)	~ 5mm sigma									
	Stability	5 % sigma									
	Position Stability	10 % sigma						4-10mm			
Treatment	Time	< 2 minutes									
	Repainting	Yes									
	Gating	Yes			Yes						
	Tracking	Yes									
IMPT	Type of Scanning	Raster ?			Spot						
	Times										
	Beam on										
	Beam off										
	Energy Change		2 sec				2 sec				
	Moving spot										
	Layer Paint Time										
	Other Times										
Accelerator	Availability	99%	98%				98%				
	Maintainability										
	Limiting Parameters				High Rf?						
	Multiple Ports?	Possibilities			Yes						
	Rf				10kV						
	Power Consumption										
Facility	Cost		Low?								
	Size	~ 5m	4.7m Diam	8m diam		4.5 m	6.3m Diam	25 m	15m	20.5 m	8m
	# Patients/Year?	infinite		>500							

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# Some Perceived Concerns with FFAG

- Rf System?
  - Level of Power or Ability to Tune multiple cavities
- Low rep rate or slow spill (*if wanted?*)?
- Fast and Accurate Current Control?
- Not Compact - but lighter
- Cost?
  
- Intensity in one pulse - is it too high for safety control?
- High Peak Current issues with Instrumentation (**KEK Experience indicates ok** - Russia not ok ?? )
- Pushing limits? - Momentum acceptance (minimizing number of cascading rings)

## *What needs to be done?*

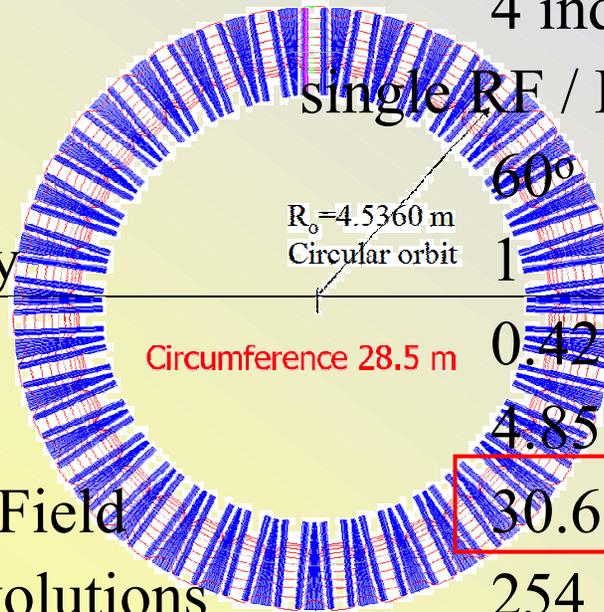
- Refine the Entries in these preceding tables.
- Refine the Criteria used to judge these entries.
- Work on those areas of FFAG solutions to address potential concerns.

# Workshop Solution !

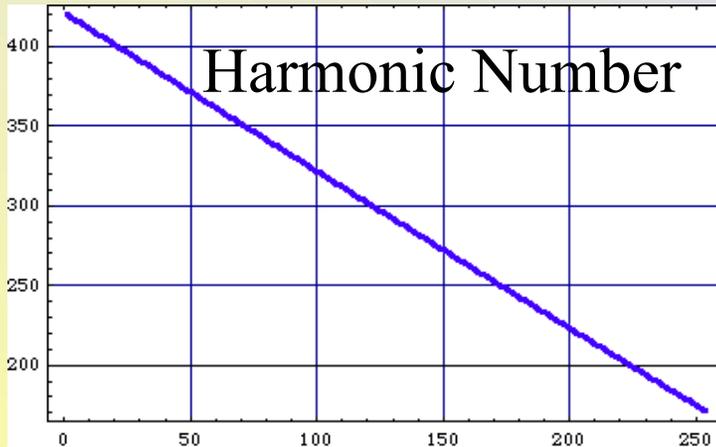
*Trbojevic + Ruggiero*

- Energy (protons) 30 to 250 MeV
- Circumference 24 m
- Periodicity 36
- RF 1.3 GHz
- Cavities 4 indiv. Phased
- Mode single RF / Phase Modulation
- Final RF Phase  $60^\circ$
- Cells per Cavity 1
- $\beta_{00}$  0.4207
- Cell Gap 4.85 cm
- Average Axial Field 30.6 MVolt/m
- Number of Revolutions 254
- Acceleration Period 57.6  $\mu$ s

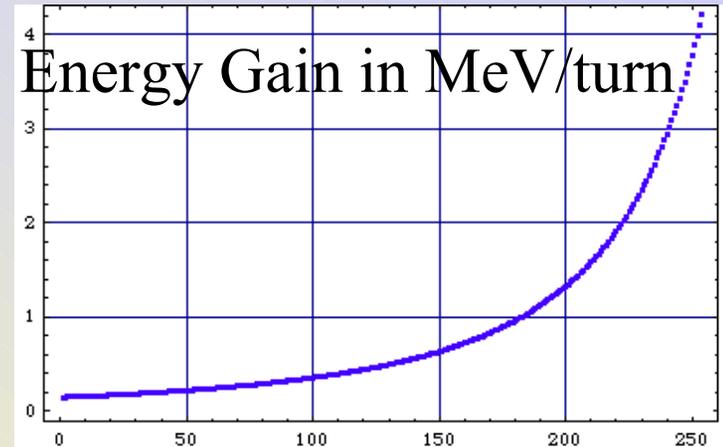
D=9m +  
Injector ...



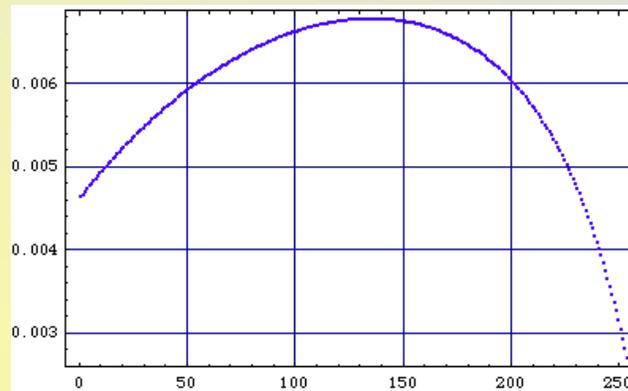
# *Details of the Solution*



Number of Turns



Number of Turns



Bucket Half Height  $\Delta p/p$  vs.  
Number of Turns

# BNCT

## [9B.06] Clinical Requirements and Accelerator Concepts for BNCT

*Bernhard A. Ludewigt (Lawrence Berkeley National Laboratory, Berkeley, CA 94720)*

Accelerator-driven epithermal neutron sources are an attractive alternative to nuclear reactors for Boron Neutron Capture Therapy (BNCT). In BNCT the goal of delivering a sufficient dose to the tumor without exceeding the dose limits of the surrounding normal tissues is achieved by administering a  $^{10}\text{B}$ -containing compound which is selectively taken up in the tumor cells. Subsequent irradiation with epithermal neutrons leads to the release of short ranged ( $< 10 \text{ }\mu\text{m}$ ) ionizing particles via the  $^{10}\text{B}(n,\alpha)^7\text{Li}$  neutron-capture reaction. By carefully shaping the neutron spectrum the background dose, partially due to recoil protons and external gamma radiation, can be minimized and the depth dose distribution optimized. Excellent epithermal neutron beams for BNCT can be produced by bombarding a Li-target with a high current proton beam at energies ranging from the (p,n) reaction threshold to 2.5 MeV and subsequent moderation and filtering of the primary neutrons. In comparison the use of Be-targets and higher proton or deuteron energies, up to 20 MeV, leads to higher neutron yields but also to higher primary neutron energies requiring more moderation and resulting in less desirable neutron spectra. Accelerator options for possible neutron sources include dc-accelerators, RFQs, LINACs and cyclotrons. An electrostatic quadrupole (ESQ) accelerator has been chosen to provide a 2.5 MeV proton beam for the BNCT facility currently being designed at LBNL. An ESQ-accelerator is ideally suited to provide the high beam currents which are desired for producing high quality neutron beams for BNCT treatments. A novel power supply based on the air-coupled transformer concept is under development. It will enable the accelerator to deliver proton beam currents up to about 50 mA. A Li-target has been designed which can handle beam power in excess of 50 kW establishing the practicability of this approach. Monte Carlo simulation studies have shown that at a proton beam current of 20 mA high quality treatments for brain tumors can be delivered in about 40 minutes.

# FFAG Gantry Implementation

Patented !

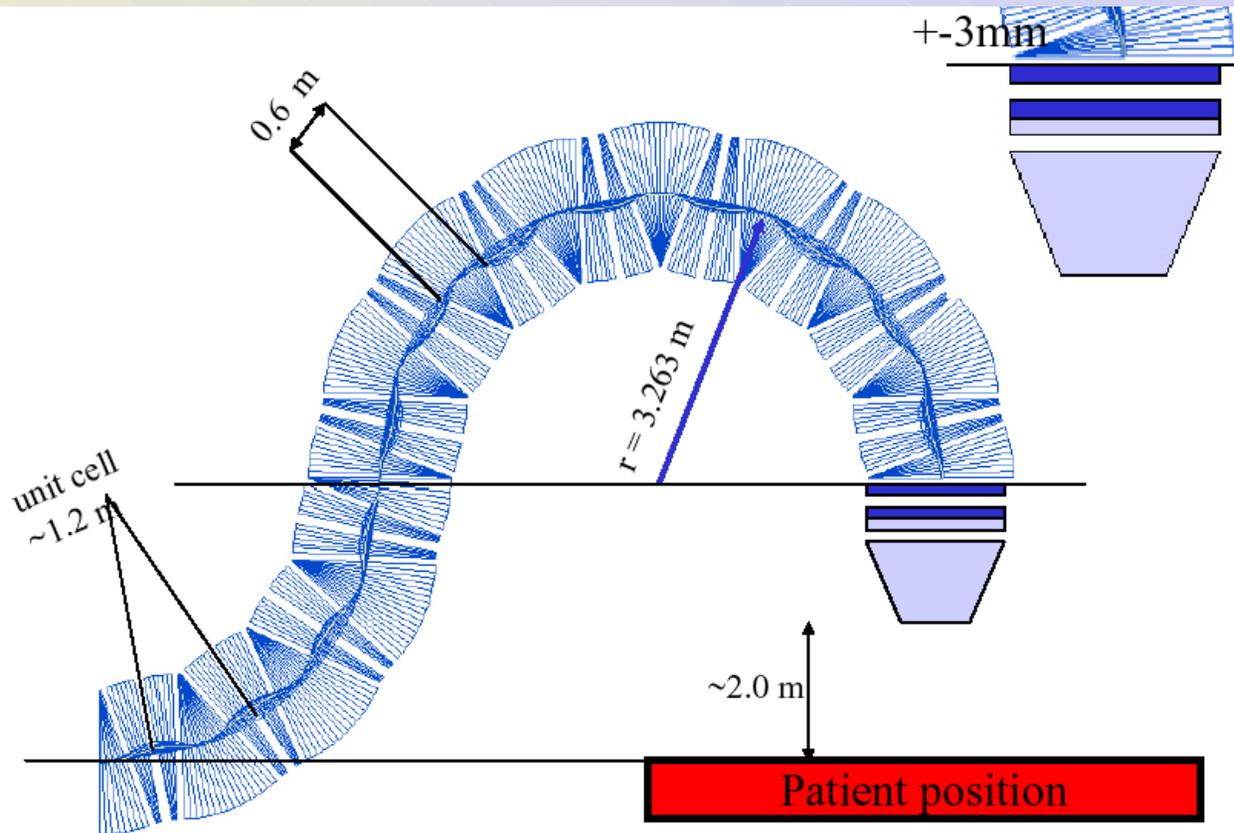
Issues:

Injection  
Matching  
Optics

Optics to  
Patient

Scanning  
Implementat  
ion

Other  
Constraints

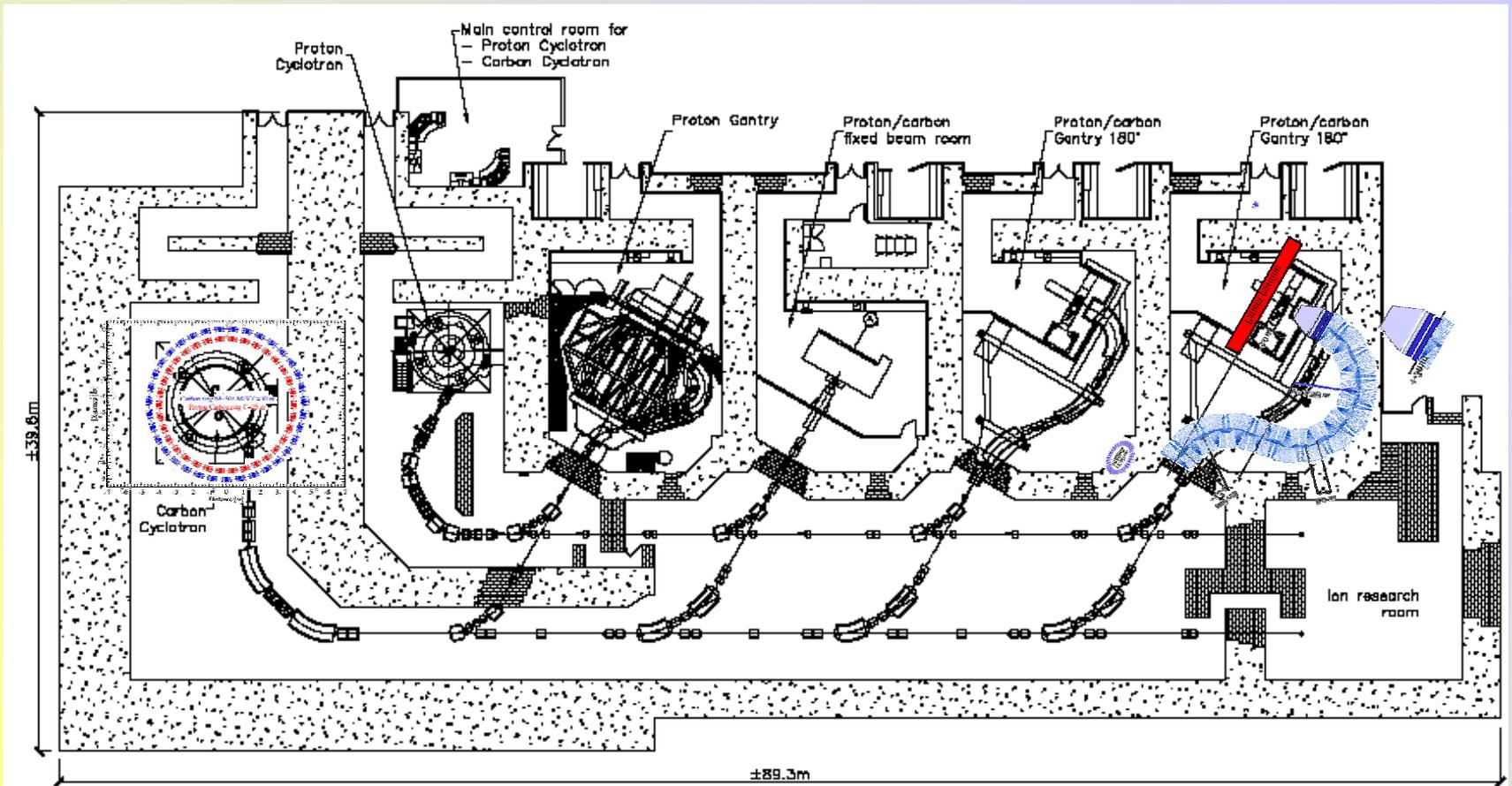


Non-Scaling  
FFAG !



vic

# Can you have it all?

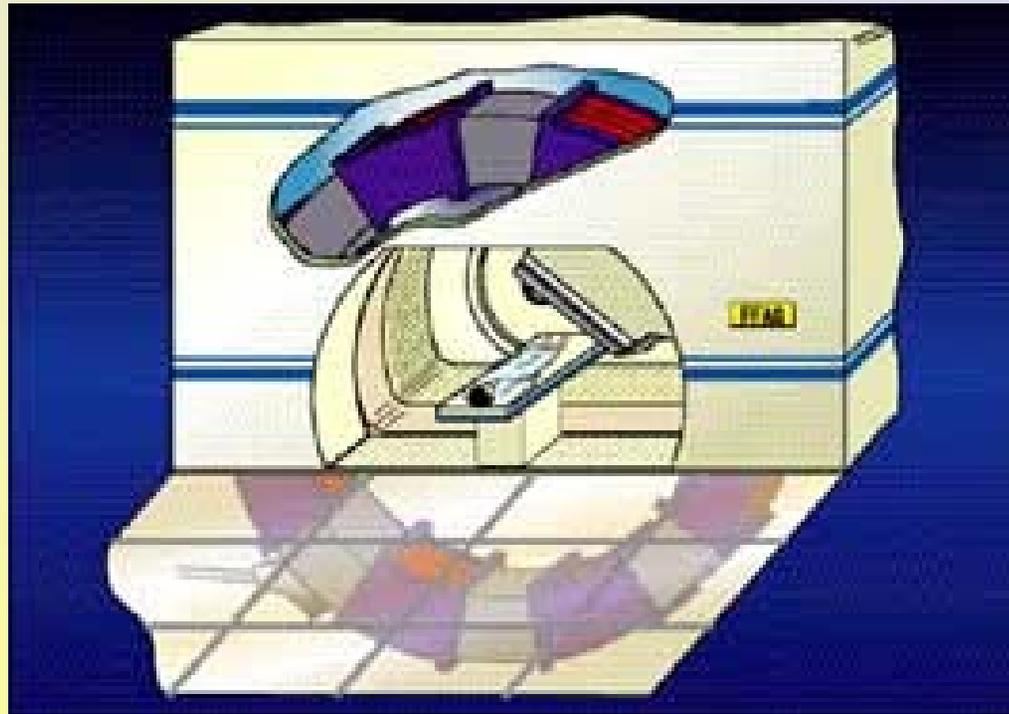


Now is the time to get into the act to make a difference in the next generation of facilities !

*Flanz FFAG 2006*

*What is needed is a way to implement a  
'new' idea to it's best advantage !*

*This is a very attractive one !*



Here's a  
place where  
multiple  
ports are  
needed !

Non-  
Scaling  
FFAG ?

# End Slides

jbf

It was my pleasure to participate in this exciting forward looking workshop. I hope these ideas are carried out to the next phases !